

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

107  
Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 1-23-04

Ren  
9110  
JALUS25  
WMI

1040088

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME DAY Judy Ewell  
Last First MI

2. BUSINESSPHONE 225-752-0258  
Area Code and Phone Number

3. BUSINESS ADDRESS 9664 Old Perkins Rd. E. Baton Rouge, LA 70811  
Street and No. City State Zip

MAILING ADDRESS SAME  
Street and No. City State Zip

4. EMPLOYER self

5. EMPLOYER'S ADDRESS SAME  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Women's Hospital / Women's Health Foundation

Address P.O. Box 95009 (antennae at Woodward) Baton Rouge, LA 70895

Business or purpose hospital and related health care services

Does this person pay you? yes

If No, who pays you? \_\_\_\_\_

# LOBBYING REGISTRATION FORM

187  
Lobbyist's Registration Number

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

